

end of six weeks a plaster-of-Paris jacket was applied, and the boy allowed to move about by the aid of crutches. On the 16th of November he was able to walk without any assistance whatever.

A CASE OF DOUBLE MASTOID DISEASE WITH SEPTIC THROMBOSIS
OF THE LATERAL SINUS.

WALKER contributes the following (*British Medical Journal*, 1895, No. 1789): A woman, aged twenty-four years, was admitted to the Leeds Infirmary with well-marked symptoms of suppuration in the middle-ear, with extension into the mastoid cells on both sides. It was also evident that there was septic thrombosis of one lateral sinus, but beyond the fact of the falling in of the posterior wall of the right meatus there were no symptoms to indicate on which side the disease was more serious. After shaving the head the swelling on the left side was seen to be more pronounced, and the usual incision was made for opening the corresponding antrum. The antrum was carefully cleaned and inspected, but no perforation of the bone was discovered. The bone was next chiseled away over the lateral sinus, which was found at one point covered with pus. On incising the sinus a quantity of pus and broken-down clot were removed. The sinus was then cleaned out by the cautious use of a Volkmann's spoon until a sudden gush of blood showed that the channel was clear, it was then plugged with Horsley's antiseptic wax. The antrum of the opposite side was then opened and drained. Some days later an abscess developed on the back of the neck. After this the patient steadily improved, the optic neuritis almost disappeared; the hearing which had been *nil* in both ears had so much improved on the right side that loud conversation could be heard. The convergent strabismus had almost gone, but the paresis in the left arm and hand still remained.

A CASE OF AURAL PYEMIA WITHOUT SINUS THROMBOSIS TREATED BY
LIGATURE OF THE INTERNAL JUGULAR VEIN AND PLUGGING OF THE
LATERAL SINUS.

DEANESLY records the following interesting case (*British Medical Journal*, 1895, No. 1789): A child, four years of age, developed double otorrhœa eleven days after an attack of scarlet fever. An abscess appeared over the left mastoid, which was incised. The child had the appearance of being very ill. Forty days after the beginning of the disease the patient had a sudden rigor with much lividity, the temperature rose to 103, and the patient vomited several times. These symptoms continued during the next three days, when the author decided to ligate the internal jugular vein on the left side just above the omohyoid muscle, in two places and divide between. The vein showed no sign of inflammation. The left mastoid antrum was next opened and the sigmoid sinus exposed. The sinus showed no evidence of inflammation, and bled profusely on being incised. The hemorrhage was arrested by pressure from a gauze tent. The child died from exhaustion thirteen days after operation. At the post-mortem examination it was found that thrombosis had not occurred, even after the moderate gauze pressure. At one point, in the left sigmoid sinus near the jugular vein, a soft yellow spot was

noticed which had nearly perforated into the arachnoid space. There were apparently two small pyæmic infarcts in the lungs.

PUNCTURED FRACTURE OF THE SKULL; SYMPTOMS OF COMPRESSION
FOR THIRTY-FOUR DAYS; OPERATION; RECOVERY.

TUBBY reports the following case in the *British Medical Journal*, 1895, No. 1789: The patient, aged forty-three years, was thrown from a horse, alighting on his head. He was able to walk home unaided, and at no time was there giddiness or unconsciousness. He was found to have sustained a lacerated wound over the right frontal eminence. The patient objected to any exploration of the wound, as he felt no serious inconvenience. As the condition did not improve, however, he decided to submit to an operation thirty-four days after the accident. At this time the pupils were widely dilated and reacted but poorly to light; pulse was 58, slow and full. The speech was deliberate and hesitating. The mind was clear and memory good. There was slight blurring of both optic disks. There was no paralysis anywhere. The wound was suppurating. Examination of the wound showed that a portion of the skull seven-eighths by half an inch had been depressed for more than half an inch below the surface. The dura was not wounded. The peculiar features of the case are the serious nature of the injury, although attended with such apparently slight symptoms, the depth to which the fragment of bone had been driven and the rapid relief afforded by its removal. The circulation in the superior longitudinal sinus must have been interfered with, but no ill effects seem to have followed.

THE CURABILITY OF CANCER WHEN THE LYMPH-NODES ARE
INVOLVED.

CURTIS, in an article under this title in the *Medical Record*, vol. 47, No. 7, reports two cases in which there was distinct carcinomatous glandular involvement in which the patients have apparently been cured by removing all of the parts that appeared diseased. The author does not accept Heidenhain's advice to remove the pectoral fascia in cases of carcinoma of the breast and the entire muscle itself if the disease has penetrated into its fibres at any point. He does not think the few cases so far recorded in which this method has been followed have justified a continuation of the practice. The contribution is a plea for the rational treatment of malignant disease, and while not advocating undue conservatism, any unnecessary sacrifice of tissues is properly objected to.

THE TREATMENT OF INOPERABLE MALIGNANT TUMORS WITH THE
TOXINS OF ERYSIPELAS AND BACILLUS PRODIGIOSUS.

COLEY, in a review of this subject in the *Medical Record*, New York, vol. 47, No. 3, summarizes his experience as follows:

Up to May 31, 1894, he had treated with mixed toxins twenty-five cases of inoperable sarcoma, eight of inoperable carcinoma, and three of sarcoma or carcinoma. In the cases of carcinoma he had had marked improvement in a number of cases, but no cures. The cases were all very advanced recurrent